

UNITED STATES DISTRICT COURT

for the

District of SOUTH CAROLINA

CIVIL CASE Division

2017 APR 18  
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[Signature]

SHIRLEY VERRETTE McIVER

) Case No.

) (to be filled in by the Clerk's Office)

Plaintiff(s)  
(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

VA UNITED STATES - *See a Page or a*

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one)  Yes  No

**COMPLAINT FOR A CIVIL CASE**

**I. The Parties to This Complaint**

**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address

SHIRLEY VERRETTE McIVER  
213 McCOY DRIVE  
BENNETTSVILLE  
SC 29515  
HOME 843-454-1302 CELL 843-862-9367

***SHIRLEY VERRETTE McIVER ATTACHMENTS***

**ATTACHED FORM LIST DEFENDANTS:**

**PAGE 3 NUMBERS 5 & 6**

DR. POOMINA SHARMA ONCOLOGIST

WILLIAM JENNINGS BRYAN DORN VA MEDICAL CENTER

6439 GARNERS FERRY ROAD

COLUMBIA, SC 29209 (803) 776-4000

DR. PAUL LOWE MD, FAPA

FLORENCE VA PRIMARY CARE CLINIC

1822 SALLY HILL FARMS BLVD

FLORENCE, SC 29501 (843) 292-8383

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

**Defendant No. 1**

Name	ELIZABETH SENGSTAKEN MD/VAMC
Job or Title ( <i>if known</i> )	PRIMARY CARE PHYSICIAN VA MEDICAL CENTER
Street Address	2300 RAMSEY STREET
City and County	FAYETTEVILLE
State and Zip Code	NC 28301
Telephone Number	
E-mail Address ( <i>if known</i> )	

**Defendant No. 2**

Name	JENNIFER ACSELROD
Job or Title ( <i>if known</i> )	RN/BSN MAMMOGRAM CONSULTOR
Street Address	2300 RAMSEY STREET VA MEDICAL CENTER
City and County	FAYETTEVILLE
State and Zip Code	NC 28301
Telephone Number	
E-mail Address ( <i>if known</i> )	

**Defendant No. 3**

Name	STEVEN W. ARLE
Job or Title ( <i>if known</i> )	STAFF RADIOLOGIST CAROLINA IMAGE
Street Address	3628 CAPE CENTER DRIVE
City and County	FAYETTEVILLE
State and Zip Code	NC 28304-4406
Telephone Number	910-483-1321
E-mail Address ( <i>if known</i> )	

**Defendant No. 4**

Name	DANIEL GORDON
Job or Title ( <i>if known</i> )	MEDICAL DOCTOR CAROLINA IMAGE
Street Address	3628 CAPE CENTER DRIVE
City and County	FAYETTEVILLE
State and Zip Code	NC 28304-4406
Telephone Number	910-483-1321

**SHIRLEY VERRETTE McIVER ATTACHMENTS**

**ATTACHED FORM LIST DEFENDANTS:**

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FLORENCE, SC 29501 (843) 292-8383

E-mail Address (*if known*) \_\_\_\_\_

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

Federal question       Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

### A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

FTCA, SECTION 1346 (b) and 2671-2680, title 28 United States Code. Final Denial as of November 21, 2016-Section 2401 (b), title 28, United States.

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### B. If the Basis for Jurisdiction Is Diversity of Citizenship

#### 1. The Plaintiff(s)

##### a. If the plaintiff is an individual

The plaintiff, (*name*) SHIRLEY V. McIVER, is a citizen of the State of (*name*) SOUTH CAROLINA.

##### b. If the plaintiff is a corporation

The plaintiff, (*name*) N/A, is incorporated under the laws of the State of (*name*), and has its principal place of business in the State of (*name*) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

#### 2. The Defendant(s)

##### a. If the defendant is an individual

**SHIRLEY VERRETTE McIVER ATTACHMENTS**

ATTACHED PRO Se PARTY'S ANWSERS TO RULE 26.01 INTERROGATORIES  
QUESTION (D)

**HOPE L. SWAN**

U.S. DEPARTMENT OF JUSTICE  
CIVIL DIVISION, TORTS BRANCH  
FEDERAL TORT CLAIMS ACT STAFF  
LEGAL ASSISTANCE CIVIL DIVISION TORTS BRANCH  
(202) 461-4900

**MS. ANN GAVIN-LAWRENCE**

TORTS CLAIM REPRESENTATIVE

**PAMELA CREWE-ALLEN**

DEPUTY CHIEF COUSEL, TORTS  
WASHINGTON, DC 20420

**MR. WILL A. GUNN**

DEPARTMENT OF VETERANS AFFAIRS  
OFFICE OF THE GENERAL COUNSEL  
810 VERMONT AVENUE, NW.,021 B  
WASHINGTON, DC 20420

**MR. ROOSEVELT CHILDS PARALEGAL**

DEPARTMENT OF VETERANS AFFAIRS  
OFFICE OF GENERAL COUNSEL, SOUTHEAST DISTRICT NORTH  
1700 CLAIRMONT ROAD  
DECATUR, GA 30033-4032

b. If the defendant is a corporation

The defendant, *(name)* \_\_\_\_\_, is incorporated under the laws of the State of *(name)* \_\_\_\_\_, and has its principal place of business in the State of *(name)* \_\_\_\_\_.  
Or is incorporated under the laws of *(foreign nation)* \_\_\_\_\_, and has its principal place of business in *(name)* \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

### 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (*explain*):

## THIRTY-FIVE MILLION

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I, SHIRLEY VERRETTE McIVER RESPECTFULLY ASK THE COURT TO SEE IN FAVOR OF MY REQUEST. THE EARLY FOLLOW-UP AND DETECTION OF CANCER WOULD HAVE SAVE LESS MEDICAL TREATMENT AND LIFE COMPLICATIONS. JENNIFER ACSELROD,RN BSN MAMMOGRAM CONSULTOR COMMENT "THERE IS NO SUSPION OF CANCER". ELIZABETH SENGSTAKEN MD/VA MC SAID "BENIGN FINDINGS". THESE EDUCATED PROFESSIONALS STEVE W. ARLE STAFF RADIOLOGIST AND DANIEL GORDON MD CHOOSE TO DECIDE WHAT FOLLOW-UP PROCEDURE WAS REQUIRED AFTER THE FIRST ABNORMAL MAMMOGRAPH SCREENING IN THE YEAR 2004 AT CAROLINA IMAGE IN FAYETTEVILLE, NC. IN 2007 DR. PAUL LOWE MD FAPA PRESCRIBED STERALINE AND DR. SHARMA POORNIA ONCOLOGIST PRESCRIBED TAMOXIFEN. IN 2009, I RECEIVED A LETTER THESE MEDICATIONS TOGETHER IN SOME WOMEN SHOW A RECURRANCE OF CANCER.

## IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

EARLY DETECTION AND TREATMENT OF CANCER WOULD HAVE SAVED A BREAST  
MASTECTOMY; LYMPHNOODE DISECTION SECONDARY MALIG METASTATIC OF NECK, LUNGS,  
LOW BACK, UPPER BACK , BONES AND ALL BODY LIFE FUNTIONS. DAMAGES ALSO CAUSED  
BY MEDICATIONS REPORTED. ALSO EXPEREICNG MENTAL DISORDERS AND HAVING ONGOING  
TREATMEMENT FOR THE CANCER THAT HAS LEAD TO TERMINAL CANCER. I HAVE ENDURED  
PAIN AND SUFFERING AS WELL AS FAMILY TIME LOST. THE HARSHDIP INPACTED THE  
FAMILY, WHERE I LOST MY MOTHER IN 2009 FROM THE LIFE SENTENCE GIVEN TO ME AND  
LOST OF TIME WITH MY LOVE ONES.

## **V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

4-17-17

**Signature of Plaintiff**

**Printed Name of Plaintiff**

Shirley V. McLean

Shirley Verrette MC Iver

**B. For Attorneys**

Date of signing:

**Signature of Attorney**

**Printed Name of Attorney**

### Bar Number

**Name of Law Firm**

Street Address

---

State and Zip Code

---

Telephone Number

---

E-mail Address

---